



## Preliminary Guide Advertising Rates

4-Colour		B & W
Full	\$2,400	\$1,500
½ Page	1,500	950
¼ Page	1,050	550
COVERS (4-Colour only)		
OBC	\$3,300	
IFC/IBC	3,100	

## Final Program Advertising Rates

4-Colour		B & W
Full	\$3,400	\$1,800
½ Page	2,500	1,200
¼ Page	1,800	750
COVERS (4-Colour only)		
OBC	\$4,400	
IFC/IBC	4,130	

Discounted combination rates are available – please contact us for details!

DIMENSIONS		
Full Page (Trim)	8 1/8" x	10 7/8"
Full Page (Bleed)	8 3/8" x	11 1/8"
½ Page Horizontal	7" x	4 11/16"
½ Page Vertical	3 3/8" x	9 1/2"
¼ Page Horizontal	7" x	2 1/4"
¼ Page Vertical	3 3/8" x	4 11/16"

## Mechanical Requirements

**Printing Method:** Offset

**Binding:** Saddle-stitched (Preliminary Guide), Perfect Bound (Final Guide)

**Screen:** Halftone screen, 150 lpi (line screen)

**Electronic Material:** Digital files only. PDF/X-1a files only.

To ensure the accuracy of all advertisements, a full-size colour proof must be provided. Publisher shall not be liable for any advertisements received without a colour proof.

**File Transfer:** Smaller files can be emailed

up to a maximum file size of 18MB. Send to [vhatzopoulos@oda.ca](mailto:vhatzopoulos@oda.ca)

- For larger files, please contact [vhatzopoulos@oda.ca](mailto:vhatzopoulos@oda.ca) for DropBox information.

## Terms & Conditions

- 2017 Preliminary Guide and Final Program advertisers must be exhibitors at the 2017 ASM.
- Advertising material is subject to approval by the Ontario Dental Association.
- Payment in full is due at time of space closing. All published rates are subject to 13% HST.
- Cancellations and space changes will not be accepted after the closing dates.

**Publisher Conditions:** Advertising material is subject to approval by the publisher.

### Please submit insertion orders to:

Vicky Hatzopoulos

Ontario Dental Association

4 New Street, Toronto, ON M5R 1P6

Tel: 416-355-2266 | Fax: 416-922-9571 | [vhatzopoulos@oda.ca](mailto:vhatzopoulos@oda.ca)

Cancellations and space changes not accepted after closing date.

**Preliminary Guide Space Closing**  
October 25, 2016

**Preliminary Guide Material Closing**  
November 4, 2016

**Final Program Space Closing**  
March 20, 2017

**Final Program Material Closing**  
March 27, 2017

**May 4 – 6, 2017**  
Metro Toronto Convention Centre  
South Building

**ASM150**  
1867-2017

To learn more about our exciting sponsorship and advertising opportunities, please contact:

**Helen McDowell**

Conference and Events Manager

Ontario Dental Association

Phone: 416-355-2274 Fax: 416-922-9571

[hmcowell@oda.ca](mailto:hmcowell@oda.ca)

**Vicky Hatzopoulos**

Exhibits and Sponsorship Coordinator

Ontario Dental Association

Phone: 416-355-2266 Fax: 416-922-9571

[vhatzopoulos@oda.ca](mailto:vhatzopoulos@oda.ca)

# Insertion Order



**May 4 – 6, 2017**  
 Metro Toronto Convention Centre, South Building  
 ANNUAL SPRING MEETING | 2017



## 1. CONTACT INFORMATION

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If an advertising agency will be our main point of contact, please provide the following information:

Advertising Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. SPECIFICATIONS

*Please refer to current 'Advertising Rate Card' for dimensions and mechanical requirements.*

Issue(s):  Preliminary Guide  Final Program  Both Issues\* **Discounted combination rates are available – please contact us for details!**

Advertisement Size: \_\_\_\_\_

Rate: \_\_\_\_\_

Sub-total: \_\_\_\_\_

13% HST: \_\_\_\_\_

**Total:** \_\_\_\_\_

<b>Preliminary Guide Space Closing</b> <b>October 25, 2016</b>	<b>Final Program Space Closing</b> <b>March 20, 2017</b>
<b>Preliminary Guide Material Closing</b> <b>November 4, 2016</b>	<b>Final Program Material Closing</b> <b>March 27, 2017</b>

*Please remember to include a proof of your advertisement, as we assume no responsibility for errors when a proof has not been provided. Charges will be incurred if corrections are required.*

I have read and agree to the Terms & Conditions as outlined in the ASM150 Advertising Rate Card for the Preliminary Guide and Final Program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 3. PAYMENT

Visa  Mastercard  Discovery  Payment to follow by check (Payable to **Ontario Dental Association**)

Amount to Charge \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please mail cheques to: Ontario Dental Association  
 ATTN: Vicky Hatzopoulos  
 4 New Street, Toronto, ON  
 M5R 1P6